#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 09/27/2006

## **Provider Inspection Summary**

For the period 08/01/2003 to 07/31/2006 Residential Care Apartment Complex **CERTIFIED** 

STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

#### **Facility Information**

Facility Name: RIVERVIEW TERRACE (0010394)

Address: 540 EAST THOMAS STREET, WAUSAU, WI 54403

**License Status: REGULAR** 

Licensed/Certified/Registered 09/01/2003

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

	Survey History	
r OTHER	D COMPLAINE	

**Survey ID: 0096354** End Date: 01/31/2006 **Type: OTHER Purpose: COMPLAINT** 

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0094912** End Date: 04/19/2005 **Type: OTHER Purpose: SURVEY/COMPLAINT** 

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** 

<b>y</b> :	#10009408 Served 05/	25/2005	Compliance	
	Deficiencies Cited	Subject Area	Verified	Corrected
	50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
	89.23	SERVICES		
	89.23(3)(a)	SERVICE QUALITY		
	89.23(4)(b)2	SERVICES		
	89.27(3)(a)	SERVICE AGREEMENT		
	89.28(2)(a)1	RISK AGREEMENT		
	89.29(2)(b)1	ADMISSION & RETENTION OF TENANTS		
	89.29(2)(b)2	ADMISSION & RETENTION OF TENANTS		
	89.34(1)	TENANT RIGHTS		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Enforcement History**

Date: 05/23/2005 SOD #10009408 Appealed: Yes Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---50.065(2)(b)

FORFEITURE---89.23(1)

FORFEITURE---89.23(3)(a)

FORFEITURE---89.27(3)(a)

FORFEITURE---89.29(2)(b)1

FORFEITURE---89.29(2)(b)2

FORFEITURE---89.34(1)

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Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Complaint History**

Date Complaint Received: 01/28/2005	Date Investigation Completed: 04/14/2005
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Subject Area(s)	Result	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10009408
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10009408
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10009408
PROGRAM SERVICES	SUBSTANTIATED	10009408

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